



U.S. DEPARTMENT OF AGRICULTURE

EMPLOYEE SUGGESTION FORM**\$OLUTIONS \$AVE
SO \$UBMIT \$UGGESTIONS**SUGGESTOR: Complete items 1 thru 11.
Please print or type except for signature.

1. CURRENT SITUATION: (Describe the present pr procedure, condition, etc., in full detail.)

2. EXPLAIN YOUR SUGGESTION: INCLUDE SPECIFIC RECOMMENDATIONS FOR CHANGE.

(If you need additional space, attach a seperate sheet of paper.)

3. I BELIEVE MY SUGGESTION WILL:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Increase Productivity | <input type="checkbox"/> Increase Service | <input type="checkbox"/> Improve Methods | <input type="checkbox"/> Reduce Costs |
| <input type="checkbox"/> Prevent Injuries & Illnesses | <input type="checkbox"/> Improve Quality | <input type="checkbox"/> Other (Identify): _____ | |

4. IDENTIFY THE ADVANTAGES AND BENEFITS OF YOUR SUGGESTION INCLUDING THE MEASURABLE OR NONMEASURABLE SAVINGS THAT WOULD RESULT.

The acceptance by me of an award for this suggestion shall constitute an agreement that the use of the suggestion by the United States shall not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.

5. SUGGESTOR'S NAME (Print or Type)	6. SIGNATURE	7. AGENCY	8. DATE	
9. TELEPHONE/FAX:	10. OFFICE MAILING ADDRESS		11. E-MAIL ADDRESS	
SUGGESTION COORDINATOR (Complete Items 12, 13, 14, 15, and 16A.)				
12. DATE SUGGESTION RECEIVED:	13. RECEIVED BY:	14. TITLE	15. SUGGESTION TRACKING NO.	
EVALUATING OFFICE (Complete items 16B, C, D, AND E. Use the Evaluator's Checklist (on reverse) to assist you in evaluating the suggestion.)				
15A. EVALUATING OFFICE	B. RECOMMENDED ACTION (Attach Written Comments)	C. SIGNATURE OF EVALUATOR	D. TRACKING NO.	E. DATE
	<input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Adopt <input type="checkbox"/> Reject <input type="checkbox"/> Other: _____			

SEE REVERSE SIDE FOR INSTRUCTIONS AND ADDITIONAL INFORMATION.

FORM AD-287 (7/97)

This form was created electronically by National Production Service, Fort Worth, Texas

NOTE: Please reverse carbon paper before completing this side of the form.

THIS SIDE TO BE FILLED IN BY SUPERVISORS AND REVIEWING OFFICIALS

COMMENTS AND RECOMMENDATIONS	
ROUTING	ROUTING
1.	4.
2.	5.
3.	6.

SUPERVISORS AND REVIEWING OFFICIALS: Pass this proposal on to your supervisor until it reaches the control level designated in your agency instructions. Indicate below if (a) you have put into effect, (b) you recommend but lack authority to adopt, or (c) you do not recommend and reasons therefore. Also provide best estimate possible of annual dollar savings and intangible benefits. Report results of any tests made of the suggestion. Date and initial comments and recommendations set forth below.

1.

2.

3.

4.

5.

6.